



# Pharmacy



## Prior Authorization Criteria for Smoking Cessation 3<sup>rd</sup> Quit Attempt Within 365 Days

### Background

A Code of Federal Regulations final rule, effective March 29, 2013, authorizes TRICARE to implement a comprehensive program including the coverage of smoking cessation. TRICARE covers smoking cessation medications, including prescription and over-the-counter (OTC) medications, to help eligible beneficiaries quit smoking. Covered smoking cessation medications are available at no cost through the TRICARE Pharmacy Home Delivery for beneficiaries living in the U.S. who are age 18 and over and who are not eligible for Medicare, and at Military Treatment Facilities. Smoking cessation medications are not covered at retail pharmacies.

There is an annual limit of two quit attempts under the new program. A quit attempt is defined as 120 days of counseling and/or drug therapy. Medications for a third quit attempt within 365 days may be covered with physician justification and Prior Authorization.

The following Prior Authorization criteria were recommended by the DoD P&T Committee, and approved by the Director, DHA.

### Prior Authorization Criteria for Smoking Cessation 3<sup>rd</sup> Quit Attempt Within 365 Days

All patients seeking pharmacotherapy for a 3<sup>rd</sup> quit attempt within 365 days must meet one of the following criteria in order for Prior Authorization to be approved:

1. The provider verifies that it is his/her opinion that the patient would benefit from a 3<sup>rd</sup> quit attempt at smoking cessation within a 365 day period?

*Criteria approved through the DoD P&T Committee process*

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Defense Health Agency,  
a component of the [Military Health System](#)  
DHHQ, 7700 Arlington Blvd,  
Falls Church, VA 22042



**Prior Authorization Request Form for  
Smoking Cessation 3<sup>rd</sup> Quit Attempt Within 365 Days**



5697

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.

MAIL ORDER  
and  
RETAIL

- The provider may **call**: **1-866-684-4488**  
or the completed form may be **faxed** to:  
**1-866-684-4477**

- The patient may attach the completed form  
to the prescription and **mail** it to: **Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954**  
or **email** the form only to:  
**TPHarmPA@express-scripts.com**

**Product(s) being  
requested:**

Bupropion SR (Zyban)  
Chantix (varenicline)  
Nicotine replacement product (gum, patch, lozenge, nasal spray, inhaler)

**Step 1 Please complete patient and physician information** (please print):

**1**

Patient Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Sponsor ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Secure Fax #: \_\_\_\_\_

**Step 2 Please complete the clinical assessment:**

**2**

1. Does the provider verify that it is his/her opinion  
that the patient would benefit from a 3<sup>rd</sup> quit  
attempt at smoking cessation within a 365 day  
period?

**Yes**

Please sign and date

**No**

Please sign and date

**Step 3 I certify the above is true to the best of my knowledge.**

**3**

Please sign and date:

\_\_\_\_\_  
Prescriber Signature

\_\_\_\_\_  
Date

[29 March 2013]